## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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Algebra 2020 (September 2020)

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| indicated unless correct<br>maintenance fee notifica                                                                       |                                                                                                                        | nerwise in Block 1, by (a                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                     |                                                 |                                                                                                             | arate "FEE ADDRESS" for                                                                                               |
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| CURRENT CORRESPOND                                                                                                         |                                                                                                                        | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                         |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
| 55694                                                                                                                      | 7590 09/14                                                                                                             | /2009                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
| 1500 K STREE<br>SUITE 1100                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
| WASHINGTON                                                                                                                 | N, DC 20005-1209                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             | (Depositor's name)                                                                                                    |
|                                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             | (Signature)                                                                                                           |
|                                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     | ·                                                                                                                                                                                                                                                     |                                                 | •                                                                                                           | (Date)                                                                                                                |
| APPLICATION NO.                                                                                                            | FILING DATE                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                       | FIRST NAMED INVEN                                                                                                                                                                                                                                                                                                                                   | TOR                                                                                                                                                                                                                                                   | ATTO                                            | DRNEY DOCKET NO.                                                                                            | CONFIRMATION NO.                                                                                                      |
| 10/518,392                                                                                                                 | 07/25/2005                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                       | to 046124-5345 8192                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
|                                                                                                                            |                                                                                                                        | IG DEVICE, LASER PI<br>RATURE MEASURING                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                     | ERATURE MEASU                                                                                                                                                                                                                                         | RING D                                          | EVICE, LASER PRO                                                                                            | CESSING                                                                                                               |
| APPLN. TYPE                                                                                                                | SMALL ENTITY                                                                                                           | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                                         | PUBLICATION FEE D                                                                                                                                                                                                                                                                                                                                   | OUE PREV. PAID IS                                                                                                                                                                                                                                     | SUE FEE                                         | TOTAL FEE(S) DUE                                                                                            | DATE DUE                                                                                                              |
| nonprovisional                                                                                                             | NO ·                                                                                                                   | \$1510                                                                                                                                                                                                                                                                                                                                                                | \$300                                                                                                                                                                                                                                                                                                                                               | \$0                                                                                                                                                                                                                                                   |                                                 | \$1810                                                                                                      | 12/14/2009                                                                                                            |
| EXAMINER                                                                                                                   |                                                                                                                        | ART UNIT                                                                                                                                                                                                                                                                                                                                                              | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
| VERBITSKY, GAIL KAPLAN                                                                                                     |                                                                                                                        | 2855                                                                                                                                                                                                                                                                                                                                                                  | 374-121000                                                                                                                                                                                                                                                                                                                                          | <del></del>                                                                                                                                                                                                                                           |                                                 |                                                                                                             |                                                                                                                       |
| CFR 1.363).  Change of corresp Address form PTO/Sl  "Fee Address" ind                                                      | ence address or indication ondence address (or Cha B/122) attached. dication (or "Fee Address") or more recent) attach | nge of Correspondence                                                                                                                                                                                                                                                                                                                                                 | or agents OR, alter  (2) the name of a series registered attorney 2 registered patent                                                                                                                                                                                                                                                               | nes of up to 3 registered patent attorneys DR, alternatively, ne of a single firm (having as a member a attorney or agent) and the names of up to d patent attorneys or agents. If no name is ame will be printed.  1 Drinker Biddle & Reat LLP  2  3 |                                                 |                                                                                                             |                                                                                                                       |
| PLEASE NOTE: Un<br>recordation as set fort                                                                                 | less an assignee is ident<br>h in 37 CFR 3.11. Comp                                                                    | A TO BE PRINTED ON T<br>ified below, no assignee<br>oletion of this form is NO                                                                                                                                                                                                                                                                                        | data will appear on the filing                                                                                                                                                                                                                                                                                                                      | he patent. If an ass<br>g an assignment.                                                                                                                                                                                                              |                                                 |                                                                                                             | ocument has been filed for                                                                                            |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Hamamatsu Photonics K.K.  Hamamatsu-shi, Shizuoka, Japan |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
| e .                                                                                                                        |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             | Пс                                                                                                                    |
| Please check the appropr                                                                                                   | tate assignee category or                                                                                              | categories (Will not be pr                                                                                                                                                                                                                                                                                                                                            | inted on the patent):                                                                                                                                                                                                                                                                                                                               | Individual .                                                                                                                                                                                                                                          | I. Corporat                                     | ion or other private gro                                                                                    | oup entity Government                                                                                                 |
| 4a. The following fee(s)  Substitute State State  Fublication Fee (No. 1)  Advance Order - 1                               | No small entity discount p                                                                                             | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached. (any deficiencies)  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-05/5 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
| 5. Change in Entity Sta                                                                                                    | tus (from status indicated                                                                                             | d above)                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 | •                                                                                                           |                                                                                                                       |
| • • •                                                                                                                      | s SMALL ENTITY statu                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                       |                                                 | TITY status. See 37 Cl                                                                                      |                                                                                                                       |
| nterest as shown by the                                                                                                    | d Publication Fee (if requerecords of the United State                                                                 | tes Patent and Trademark                                                                                                                                                                                                                                                                                                                                              | Office.                                                                                                                                                                                                                                                                                                                                             | nan the applicant; a                                                                                                                                                                                                                                  | egistered                                       | attorney or agent; or the                                                                                   | ne assignee or other party in                                                                                         |
| Authorized Signature                                                                                                       |                                                                                                                        | A<br>Sistare                                                                                                                                                                                                                                                                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                                                                                                                                  | D                                               | Bembor 11,2                                                                                                 | 009                                                                                                                   |
| Typed or printed nam                                                                                                       | e Peter 'J.'                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                       | Registration No. 48,183                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |                                                 |                                                                                                             |                                                                                                                       |
| This collection of inform<br>an application. Confident<br>submitting the completed<br>his form and/or suggesti             | ation is required by 37 C<br>tiality is governed by 35<br>d application form to the<br>ons for reducing this bu        | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the                                                                                                                                                                                                                                                                      | on is required to obtain<br>1.14: This collection i<br>depending upon the i<br>chief Information O                                                                                                                                                                                                                                                  | or retain a benefit<br>s estimated to take<br>ndividual case. An<br>fficer, U.S. Patent a                                                                                                                                                             | by the pub<br>12 minute<br>commen<br>and Trader | lic which is to file (and<br>s to complete, includin<br>ts on the amount of tir<br>mark Office, U.S. Depart | d by the USPTO to process)<br>ag gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O. |

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